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FEC MAIL CENTER

Committee Name:	FEC MAIL OLI
Liberty4Florida	
If registered, FEC ID:	
Today's Date:	
January 27, 2014	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

William S. Jones

Treasurer

14031170310

STATEMENT OF

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FORM 1		ORGANIZ	ZATION	l	FERMALL, CENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, over the lines.	12FE4M	Sometime for the second
Liberty4F	lorida	<u>}</u>			
ADDRESS (number a	nd street)	115 East P	ark Avenu	e, Suite 1	
(Check if an is changed)		Tallahasse	e	FL FL	32301
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one	e e-mail address)		
(Check if is change					
COMMITTEE'S WEB	PAGE ADD)RESS (URL)			
(Check if is change					
2. DATE 0	ľ <u>2</u> 7	2014			
3. FEC IDENTIFIC	CATION NU	IMBER C	rages major galaka Gazaran Santa Anda		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDE	ED (A)	
I certify that I have of		is Statement and to the be		d belief it is true, corre	ct and complete.
Signature of Treasure	er	SM V	<i>}</i>	Date 0	1 ′ 27 ′ 2014 ′
NOTE: Submission of		ous, or incomplete information			to the penalties of 2 U.S.C. §437g. S.
Office Use			For further info Federal Election Toll Free 800-42		FEC FORM 1 (Revised 02/2009)

	FEC F	orm I (Hevised U2/2009)	
5.	TYPE OF	COMMITTEE	
	Candidate Committee:		
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate		
		gravitation to the second seco	
	Candidate Party Affilia	tion Sought: House Senate President District	
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Co	mmittee:	
	(d)	This committee is a (National, State (Democratic, Republican, etc.) Party.	
	Political	Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:	
		Corporation Corporation w/o Capital Stock Labor Organization	
		Membership Organization Trade Association Cooperative	
	•	In addition, this committee is a Lobbyist/Registraot PAC.	
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)	
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fur	draising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h) .	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Co	mmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
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FEC Form 1 (Revised 02/2009)	Page 3			
Write or Type Committee Name				
Liberty4Florida				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	ership PAC Sponsor			
	<u> </u>			
	- 			
Mailing Address	1. 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
CITY STATE	ZIR CODE			
CITY STATE	ZIP CODE			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 				
Full Name William S. Jones				
115 Fast Park Avenue Suite 1				
Mailing Address	<u> </u>			
Tollohoone 52 32	<u> </u>			
[Tallahassee] [FL] [32	241			
Title or Position CITY STATE	ZIP CODE			
Chairman Telephone number [850] -	[681,]-[1029,]			
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of			
Full Name William S. Jones	1			
115 Fast Park Avenue Suite 1	<u> </u>			
Mailing Address				
Tollohasasa	201			
Tallahassee FL 32				
CITY STATE Title or Position Treasurer Telephone number Telephone number	ZIP CODE 681 ₋ 1029			

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	William, S. Jones, , , , , , , , , , , , , , , , , , ,		
Mailing Address	1,15 East Park Avenue, Suite 1	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1
		<u> </u>	
•	[Tal ahassee , , , , , , , , , , , , , , , , , ,	J FL STATE	3230,1 -
Title or Position [Chairman]	Telephone	number 8	50 - 681, - 1029
safety deposit boxe Name of Bank, De	Depositories: List all banks or other depositories in which the consistences or maintains funds. Depository, etc. M&S Bank 15,010 NW,43rd, Street		
Walling Address	1		
	[Gainesville	J EL	32606 -
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
L		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address			
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	CITY	STATE	ZIP CODE

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